Columbia Child Development Program
Head Start Enrollment Form

☐English
☐Spanish
☐Other

Pre-Application Date: _____ /_____ /20____ Person filling out application: _____

Child's Name: _____
First MI Last Name(s)

Date of Birth: _____ Gender: M ☐ F ☐ Language spoken at home: _____

Parent's or Guardian's Name: _____ Custody Order: ☐Yes ☐No

Address

Address: ☐ Living ☐ Mailing

_____
Street

_____
City State Zip Code

Notes: _____

_____

_____

Contact Information

Mother's Cell: _____

Father's Cell: _____

Other: _____

Email Address: _____

How did you find out about our program?

_____

Health and Development

Concerns about child's overall health and/or development: ☐ Yes ☐ No

If yes, please describe: _____

Is your child receiving services for speech, OT/PT or have an early intervention teacher? ☐Yes ☐No

Is your child currently/previously enrolled in a pre-school/childcare program? _____
Name of pre-school/childcare program

Does your child have any other allergies and if so, what are they?

_____

Household Size and Type

Family Size: _____(family is considered immediate family: mom, dad, children)

Family Type ☐ One Parent ☐ Two Parent ☐ Foster ☐ Relative

Family Income

Consider all sources of income

Check One: ☐ Poverty ☐130% ☐ 200% ☐ 300%

Currently Employed? ☐Yes ☐ No

Fax to: Faith Rierson (570)784-3571